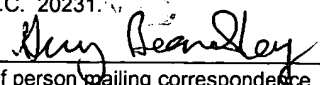


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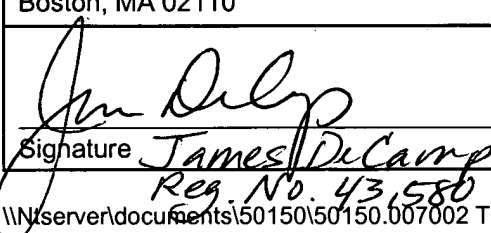
11/08/00
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Certificate of Mailing	
Date of Deposit <u>November 8, 2000</u>	Label Number: <u>EL509048865US</u>
I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231	
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 09/709201
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	50150/007002
Applicant	William M. Mitchell et al.
Title	DIAGNOSIS AND MANAGEMENT OF INFECTION CAUSED BY CHLAMYDIA
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 09/025,521, filed February 18, 1998.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	81 pages
Claims	13 pages
Abstract	1 page
Drawing	4 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	2 pages
Sequence Listing on Paper	43 pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> Two copies from prior application 09/025,521 and such small entity status is still proper and desired.	2 pages
Preliminary Amendment	5 pages

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IDS	2 pages
Form PTO 1449	1 page
Cited References	12 references
Recordation Form Cover Sheet and Assignment	5 pages
A copy of a Petition for Extension of Time from prior application 09/025,521.	1 page
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355.00	\$355.00
Excess Claims Fee: 9 -20 x\$9	\$0
Excess Independent Claims Fee: 5 -3 x \$40	\$80.00
Multiple Dependent Claims Fee: \$270/\$135	\$
Total Fees:	\$435.00
<input checked="" type="checkbox"/> Enclosed is a check for \$435.00 to cover the total fees. <input type="checkbox"/> Charge ["**AMOUNT**"] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
Signature  James DeCamp Reg. No. 43,580	November 8, 2000 Date

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